

Sample parent letter requesting immunization records.

*School Letterhead*

*Date*

Dear Parent/Guardian;

A review of the Student Health Record of \_\_\_\_\_  
(Student Name)

has found that there is no record of or the record is incomplete for the following immunizations that are required by Maine State Law for enrollment in school.

\_\_\_ DPT/DtaP/DT/Td (diphtheria, pertussis, tetanus)      \_\_\_ OPV or IPV (Polio)

\_\_\_ MMR (measles, mumps, rubella)      \_\_\_ Chickenpox (Varicella)

These records must be received by \_\_\_\_\_. Please bring, send or fax a copy of the immunization record to the school by this date. Maine State Law allows for a one-time 90-day period from the time of school registration and allows for 21 days to transfer health records for a student enrolling in a new school. Following this time period, the superintendent is not permitted by state law to allow students to attend school who are not adequately immunized and an exclusion notice will be sent to you.

There are two exceptions.

1. If the student's physician believes the immunizations are medically inadvisable, a written statement to that affect signed by the physician must be given to the school each school year.
2. If you have a religious or philosophical objection to immunizations, you must write a statement indicating your objections and provide to the school each school year.

Please be aware that students, who have a waiver of immunization either for medical or religious or philosophical reasons, will be excluded from school if there is an outbreak of a disease for which the student is not immunized.

*School nurse  
Phone and Fax #*